Campus Health

SS1300-1, SS1300-2

Mike Paquay

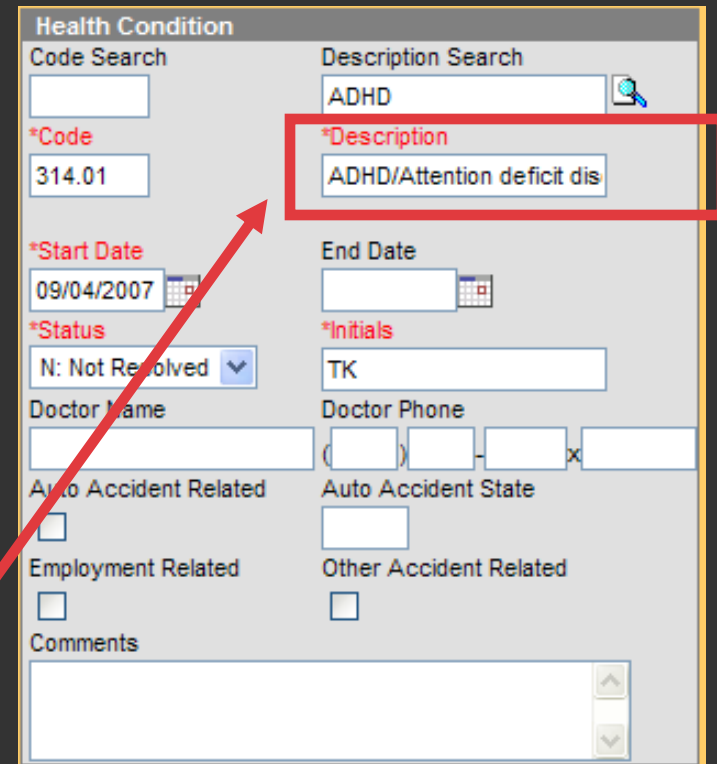**Training Specialist**
Infinite Campus

Agenda

- Navigation Overview
  - Conditions
  - Immunizations
  - Immunization certificates
  - Screenings
  - Nurse Visits
  - Documents
  - Contact Log
  - Reports
  - Program Flag

Conditions

- Commonwealth Definition
  - Any health service that requires a scheduled action (by either the school nurse or trained unlicensed school personnel)
  - Occurs during instructional day
- Action required
  - **_Must_** be entered on Conditions tab
    - Path: Health > Health Office > Conditions tab
    - Complete all required fields
    - Include brief description of required service

Conditions – Description Search

1 Enter search string

2 Click

3 Choose from results

4 Choosing search result auto-populates Description and Code

Health Condition

Code Search   Description Search

Epilepsy   🔍

*Code   *Description

345.30   Epilepsy, grand mal status

345.30 Epilepsy, grand mal status
345.20 Epilepsy, petit mal status
345.90 Epilepsy, unspecified
345.10 Generalized convulsive epilepsy
345.00 Generalized nonconvulsive epilepsy/absences/petit mal
345.50 Partial epilepsy, w/o mention of impairment of consciousnes
345.40 Partial epilepsy, with impairment of consciousness

Conditions – Description Search

- Example:

- Parent of student with ADHD requests student receive a Rx medication during the day (such as Ritalin or Adderall)

  - Reason (student has diagnosis of ADHD) for medication is the Health Condition

Choosing search result auto-populates Description and Code

Conditions – Compliance

- KRS 156.502 describes health services to be the provision of direct health care including
    - Administration of medication
    - The operation, maintenance, or health care through the use of medical equipment
    - The administration of clinical procedures
- ***Do not choose 'Other' for a Condition***
    - Contact Karen Erwin at KDE if search does not return proper condition
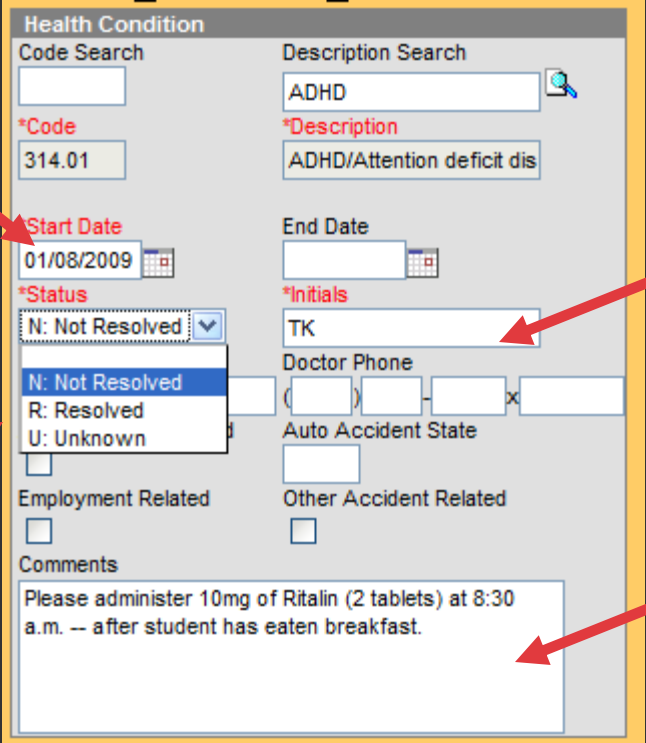
Conditions – Completing Scheduled Action

1 Enter date student was diagnosed with condition

2 Select Status from droplist

3 Enter initials of user entering data

4 Enter health service parent has requested and signed authorization for school to perform, including prescribed dosage of medication(s)

Health Condition

Code Search

Description Search
ADHD

*Code
314.01

*Description
ADHD/Attention deficit dis

*Start Date
01/08/2009

End Date

*Status
N: Not Resolved

N: Not Resolved
R: Resolved
U: Unknown

*Initials
TK

Doctor Phone
( )   x

Auto Accident State

Employment Related

Other Accident Related

Comments
Please administer 10mg of Ritalin (2 tablets) at 8:30 a.m. -- after student has eaten breakfast.

Immunization Certificate

Path: Student Information > Health > Immunizations Tab
Required for Initial Entry and 6th Grade Students

Select type of certificate submitted

If Medical is selected, waiver must be specified under applicable immunization
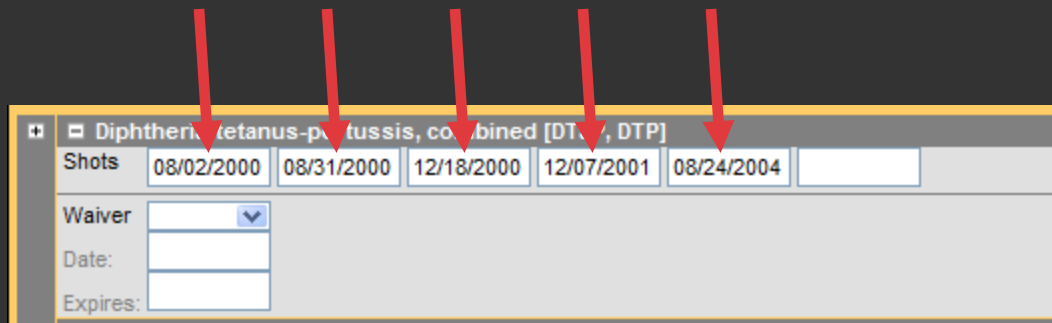
Enter effective date of submitted certificate

Enter expiration date of submitted certificate

If certificate Type is Religious, expiration date is not required

Immunizations (shot combinations)

To ensure accuracy of Kentucky compliance reports, schools must use the expandable boxes to enter dates each immunization was administered

	Diphtheria-tetanus-pertussis, combined [DTaP, DTP]					
Shots	08/02/2000	08/31/2000	12/18/2000	12/07/2001	08/24/2004	
Waiver						
Date:						
Expires:						

All combination shots must be entered separately for each required immunization

Example:
- Pediatrix is a combination shot containing DTaP, Hep B and Polio
- If Pediatrix is given, dates must be separately entered for each required immunization

Immunization (shot combinations)

Diptheria, Tetanus, Pertussis (DT, DTaP, DTP)

Select waiver from dropdown, if applicable

TB Booster (Tdap, Adult Td Vaccine, Boostrix)

Select waiver from dropdown, if applicable

Immunization (shot combinations)

Polio (OPV or IPV)

Polio [IPV, OPV]					
Shots	09/13/1989	12/08/1989	02/05/1990	01/09/1991	05/17/1995
Waiver					
Date:					
Expires:					

Select waiver from dropdown, if applicable

Measles, Mumps, Rubella or measles containing vaccine (MMR), Measles, Mumps, Rubella and Varicella

Measles-Mumps Rubella [MMR]		
Shots	11/03/1990	12/05/2001
Waiver		
Date:		
Expires:		

Select waiver from dropdown, if applicable

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Immunization (shot combinations)

Hepatitis B (use for entry of pediatric dose: 3 shot series)

☐ Hepatitis B [Hep B]			
Shots	10/24/2001	12/05/2001	03/27/2002
Waiver			
Date:			
Expires:			

Select waiver from dropdown, if applicable

Hepatitis B (use for entry of adult dose: 2 shot series)

☐ Hepatitis B - 2 Dose [Hep B - 2 Dose]		
Shots		
Waiver		
Date:		
Expires:		

Select waiver from dropdown, if applicable

Immunization (shot combinations)

Varicella (chicken pox vaccine)

Select waiver from dropdown, if applicable

Screenings

- Screenings available
  - Sports Physical
  - Height/Weight and Vital Signs
  - Vision
  - Hearing
  - Early Childhood Screening
  - Child and Teen Checkup
  - Developmental, Social and Emotional
  - Speech
  - Tuberculosis
  - Scoliosis
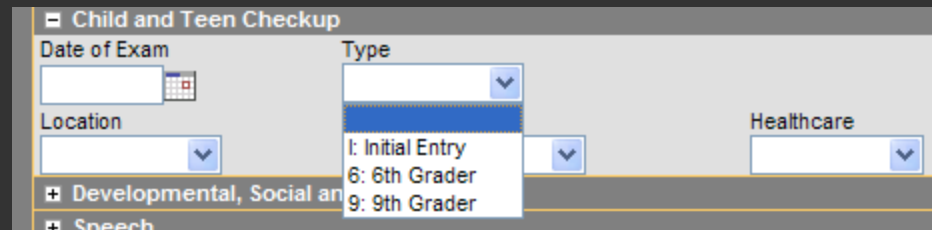
Screenings

Path: Student Information > Health > Screenings Tab

1 Enter date of screening

2 Select required screening

Screenings – Child and Teen Checkup

- Required for data entry of
    - Physical Exam
    - Initial Entry
    - 6th Grade Entry
- Date of Exam
    - Enter date physical exam given
    - Required at Initial Entry and 6th Grade Entry
- Type
    - Select from dropdown menu

Screenings – Vision

1 Enter date of exam
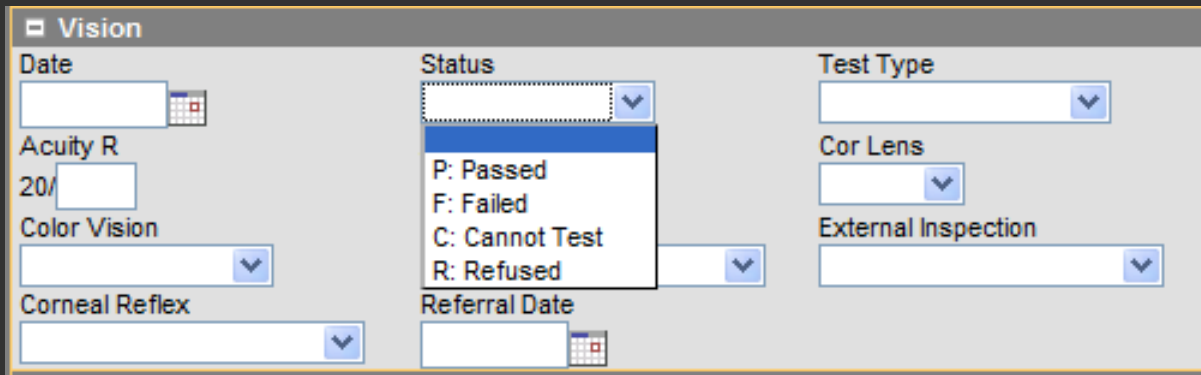
2 Select E: Vision Exam

Vision Screening Information

- Districts determine which grades have annual screenings per 704 KAR 4:020

- Date: Enter Vision Screening date

- Type: Select Vision Screening from dropdown

- Status: Select results of screening from dropdown menu

- Referral Date: Date notice sent to parent that student failed screening and needs to be seen by a doctor

Hearing Screening Information

- Districts determine which grades will have annual screenings as per 704 KAR 4:020

1 Enter date of exam

3 Select Status

2 Select Original

Hearing Screening Information

- Requirements for re-screening if original screening result is Failed

1 Enter date of re-exam

3 Select Status

2 Select Re-Screen

Hearing Screening Information

- If student fails an Original or Re-Screen, then Referral must be made

① Enter date of referral

② Select Referral

Scoliosis Screening Information

- Required for 6th and 8th Grade

① Enter date of screening or re-screening

② Select Type

If screened during 6th Grade, choose Original

All failures must be have a referral entry

③ Select Character

Scoliosis Referral

- To be used by second screeners as a guide on which to base referrals
- If a child has any three of the criteria below, child should be referred to
    - Pediatrician
    - Family doctor or
    - Commission for Children with Special Health Care Needs (CCSHCN)
- Criteria
    - One shoulder higher than other
    - One scapular more prominent than other
    - Waist folds not even
    - Arms not hanging equal distance from sides
    - Pelvis not level
    - Unequal symmetry of upper back, lower back or both
- If any one or two of above are seen, child should be re-screened in 6-12 months
- If child, on forward bend test, has hump on one side measuring less than 7 degrees, using the scoliometer, child should be re-screened in 6-12 months
- ***Any student with a possible indicator must be re-screened***

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Nurse Visits

- Schools use the Nurse Visit tab to document events and resolutions of office visits

Documents

- Store and print custom forms to gather information

Contact Log

- Allows schools to document all personal contacts, phone calls, postal mail, and e-mail messages

Health Office Reports

- Available reports
  - Annual Immunization
  - Health Office
    - List of Resolutions and Events for any given date
  - Immunization Batch
    - A batch report of student immunization compliance
  - Immunization Certificate
  - Immunizations
    - Customizable report for specific immunizations
  - Screening Compliance
    - Aids districts in assessing compliance for screenings
  - Health Alert Summary
    - List of students with health alerts
  - Health Condition Summary
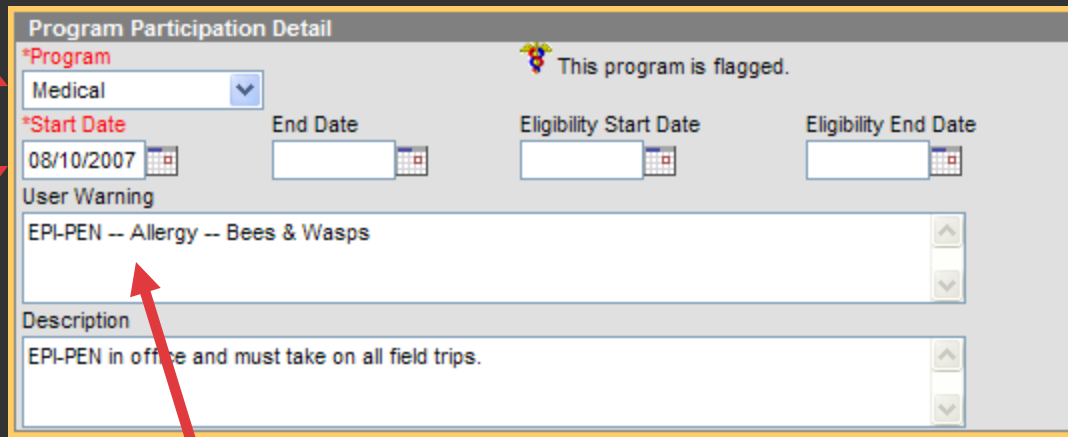   - List of health conditions occurring between two dates

Health Program

- Path: Student Information > General > Program Tab
- Adds Medical Alert to student's information

1 Select Medical

2 Date student diagnosed with condition or allergy

Program Participation Detail

*Program
Medical

This program is flagged.

*Start Date | End Date | Eligibility Start Date | Eligibility End Date
08/10/2007

User Warning
EPI-PEN -- Allergy -- Bees & Wasps

Description
EPI-PEN in office and must take on all field trips.

3 Enter condition, allergy, or treatment

Information entered will be displayed when user hovers over medical flag

Tip: If data is entered this way, a report can be run on a classroom to see who needs Epi-pens for a field trip

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Health Program

- An alert is any medical condition that would require an emergency action if it occurred

- Conditions are seen as life threatening and need immediate attention

- Examples:

  - Epi-Pen for peanut allergy

  - Glucagon for a student with diabetes receiving insulin experiencing very low blood sugar

- Data is usually collected from a student's parent/guardian from one of the following forms:

  - Emergency Information Form

  - Health History Form

  - Individual Health Plan

  - Medication Request Form
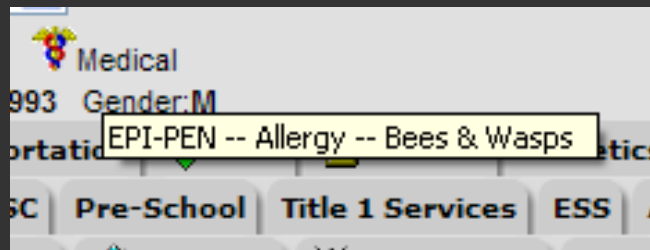
  - KSBA Personal Data Sheet 09.224 AP

Health Programs

Any student with a Medical Flag will display icon on student's screen

Hover over icon to make user warning appear

Questions & Answers

Ask, we're ready!

Learn More!

Additional training is available from Campus U

- Professional, certified trainers

- Just-in-time offerings

- Online

- In person

  - In your district

  - At Infinite Campus